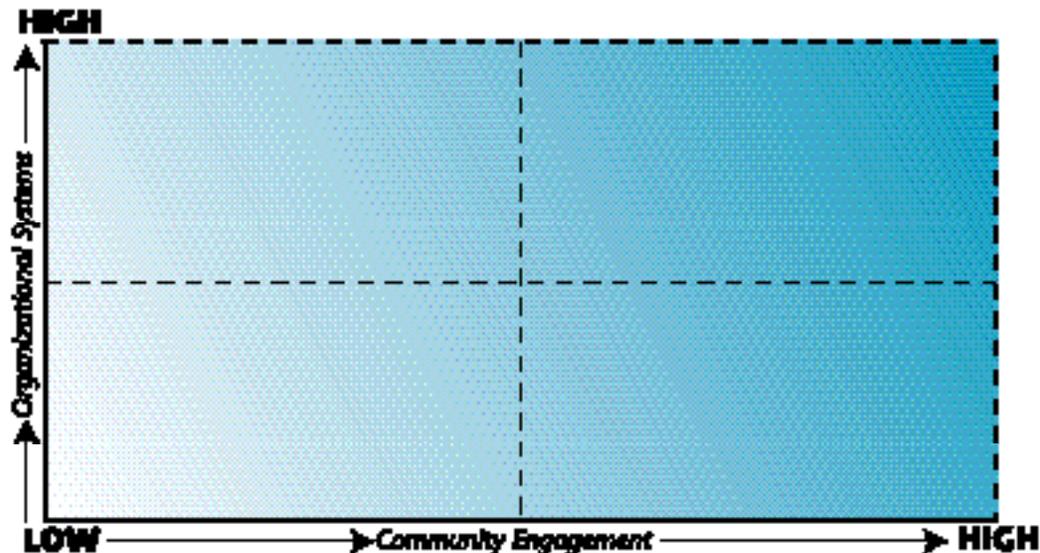


Benchmarking Best Practices

Public Health Agency

Public health organizations need to be evaluated along two dimensions: the operation of organizational systems and the engagement of community partners in “assuring conditions in which people can be healthy.” (IOM, 1988) In recognizing what constitutes the high-performing public health organization, we can plot perceived performance from low to high on both the organizational systems (Y) axis and on the community engagement (X) axis. If we assume that both dimensions are critical to high performance, then we also might assume that it is possible to identify, or benchmark, best practices in public health organizations that are high performers on both dimensions.



Place your agency's function of its organizational systems on the low to high continuum; its community engagement on the low to high continuum.



The CPHP has identified critical success factors in promoting organizational change and increasing community engagement. Public health agencies have found it useful to survey organization members about these critical factors. Appendix 1-B contains this survey as well as actual responses from a large health department.

For another agency's experience see: Nelson, JC et al. Positioning for partnerships: Assessing public health agency readiness. *American Journal of Preventive Medicine* 1999; 16(3S): 103-117.

Public Health System

Above we tried to identify performance subjectively, based on perceptions of what constitutes high performance. How can we objectively rate the performance of public health organizations working collaboratively with multisector partners toward a shared vision of improved community health and quality of life? If we think of the public health organization as a component of a multisector public health system designed to enact the shared vision of improved community health, then we can look at objective examples or observable outputs of that dynamic relationship of community components. Using the framework of the Essential Public Health Services, the National Public Health Performance Standards Program (NPHPSP; a collaboration of public health practice organizations with leadership and support from the Public Health Practice Program Office of the CDC) provides examples of objective evidence of the performance of the local public health system. This objective evidence is based on indicators and measures that comprise the performance of each essential service by the local public health system and may be considered system outputs. The ultimate measures of system performance are health status indicators, or outcomes, as monitored over time by health status measures, including rates of premature death or disability or burden of chronic disease or disability.



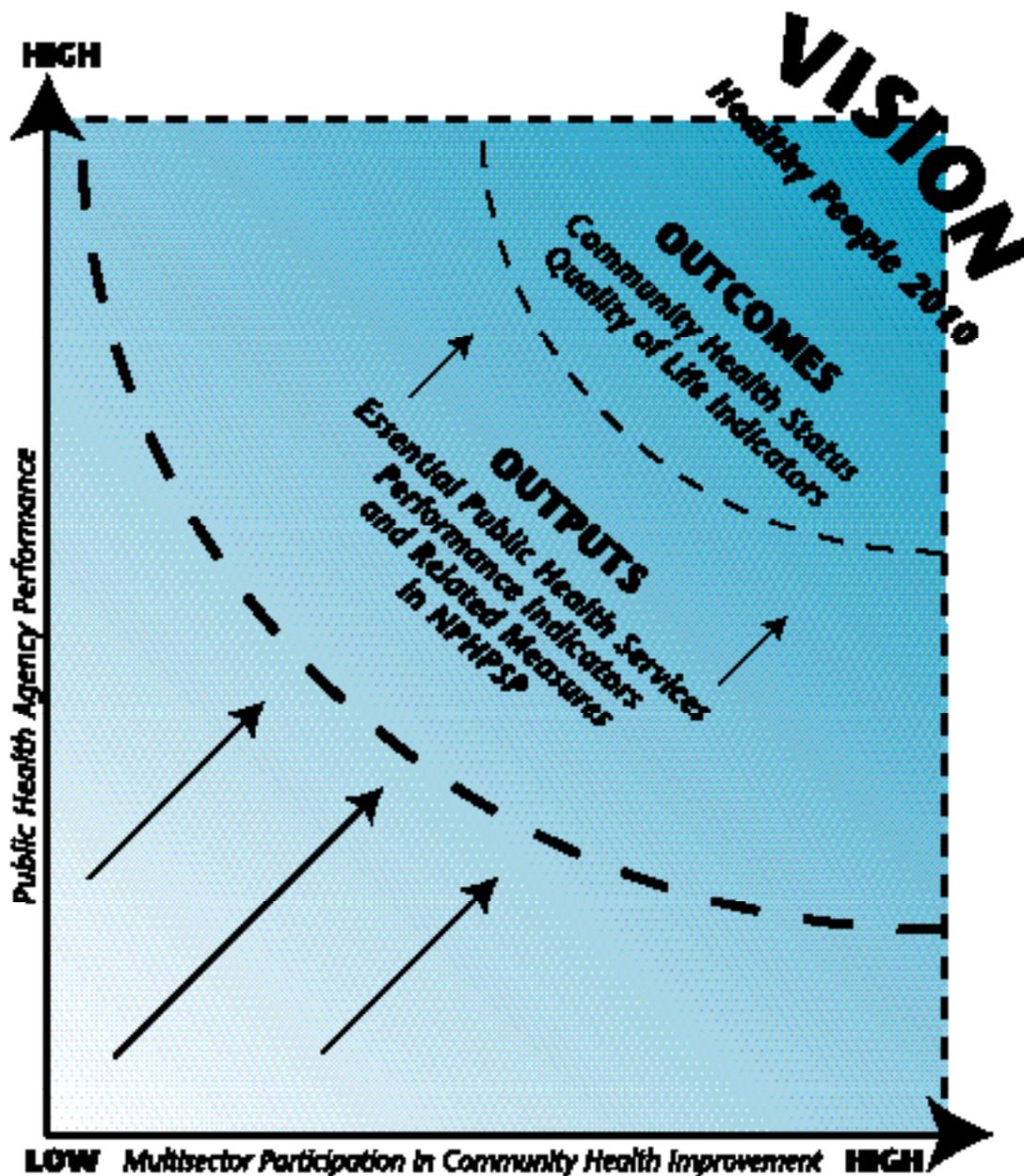
Are you using the indicators and measures described in the NPHPSP to monitor public health system performance?

Does the public health system perform well, as measured by the objective indicators described in the NPHPSP?

Does the public health system perform well, as measured by trends in health status indicators?

Are these outcomes consistent with the community's shared vision?

...continued in sidebar next page.



Are system resources, or inputs, aligned to support desired ends?

Could multisector participation in the community health improvement process be enhanced?

Do you have a comprehensive community health profile to track outcomes over time?

Do you have any new thoughts on benchmarking best practices?